

Rapid Transition from High Dose Methadone to Long-Acting Injectable Buprenorphine

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INTRODUCTION

- Long-acting injectable (LAI) buprenorphine is an appealing option for patients who prefer the ease of monthly dosing.
- Conventionally, the transition from high-dose (>100 mg) methadone LAI buprenorphine was a lengthy and demanding process.
- This case series describes a method to rapidly transition patients on high-dose methadone to LAI buprenorphine using very low-dose buprenorphine initiation.

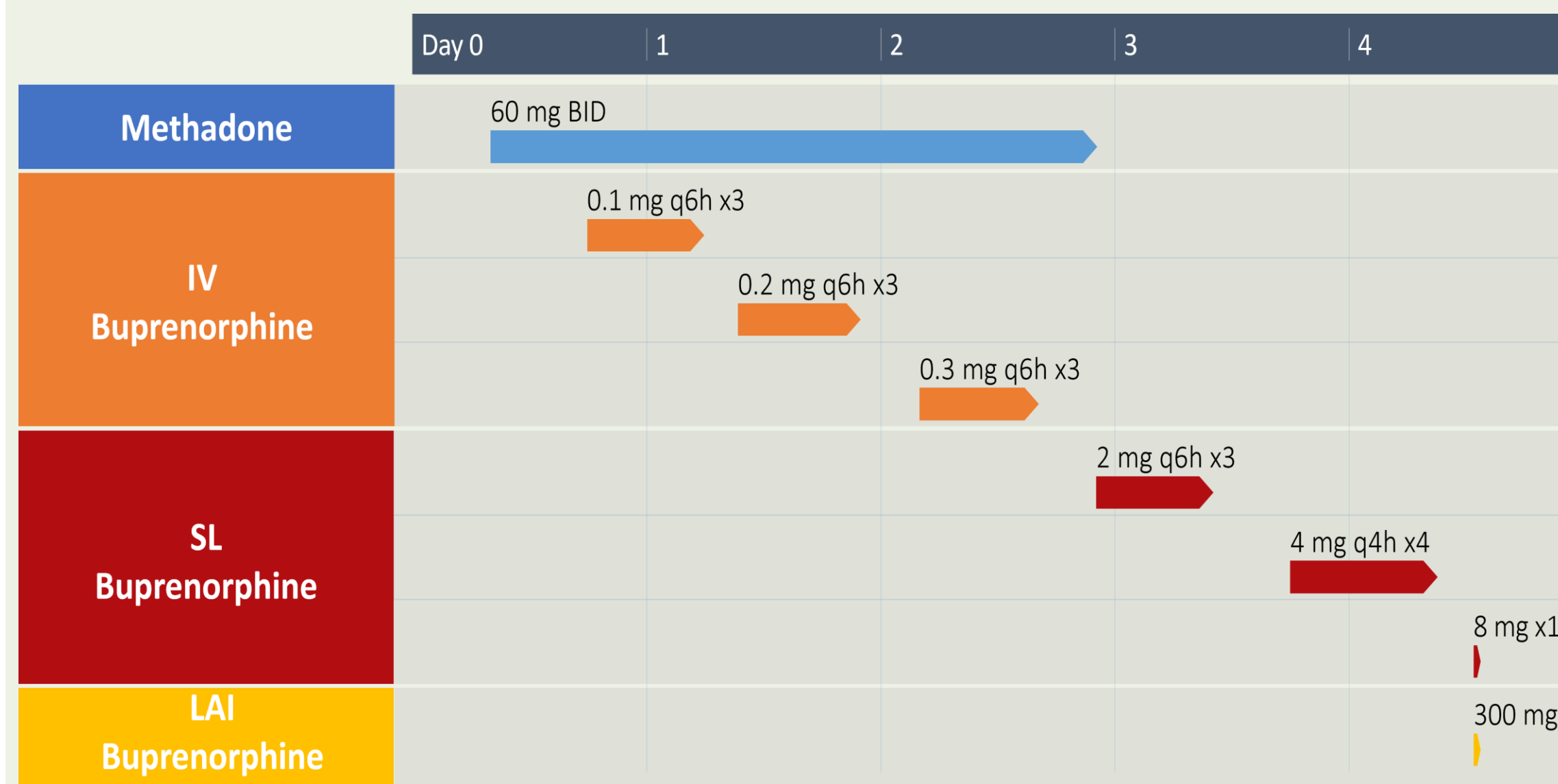
METHODS

Patients were admitted to the hospital for the transition. Patient A's maintenance methadone dose was 120 mg. Patient A required transition to buprenorphine due to persistently prolonged QTc. Patient B's maintenance methadone dose was 100 mg. Patient B requested a transition to LAI buprenorphine for ease of dosing.

The protocol uses a very low dose buprenorphine initiation to transition from methadone to sublingual (SL) buprenorphine. The patient's full methadone dose is continued as a split dose with twice daily dosing, while simultaneously giving increasing doses of IV buprenorphine every 4-6 hours up 0.3mg. After which, methadone was discontinued, and patients were then transitioned to sublingual buprenorphine for 24 hours. Both patients received 300 mg LAI buprenorphine with the final dose of SL buprenorphine, and they were discharged from the hospital after the injection.

RESULTS

Patient A Protocol



Patient B Protocol

Day	Methadone	IV Buprenorphine	Sublingual Buprenorphine	LAI Buprenorphine
0	50 mg BID	0.1 mg IV q6h x3 0.2 mg IV q6h x3		
1	50 mg BID	0.3 mg IV q4h x2		
2			4 mg x q4h x4	
3				300 mg

CONCLUSION

- Rapid transition from high-dose methadone to LAI buprenorphine is feasible without tapering the methadone dose or stabilizing the patient on SL buprenorphine for 1 week before administration of LAI buprenorphine.
- Both patients transitioned from methadone to LAI buprenorphine within 4 days.
- Patients did not experience precipitated withdrawal during or after the transition.
- During the protocol, the patients had as-needed adjunct medications available for withdrawal symptoms.
- This protocol was performed in an inpatient setting, and it is therefore not generalizable to the outpatient setting.

AUTHORS & DISCLOSURES

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 A. Nothing to disclose

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